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PTO/SB/06 (8-96)
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5 7		PPLICATIO				ollection of inform			plication or	Docke	t Number	<u>.                                    </u>
CLAIMS AS FILED - PART I							SM	43064-0030 SMALL ENTITY OR SMALL EN				
FOR	<del></del>		(Column 1) NUMBER FILED			(Column 2) NUMBER EXTRA		ATE	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))								\$ <u>385</u>	OR		s_0
	AL CLAIMS CFR 1.16(c))		22 minus 2		*	2	x \$_	9 =	18	OR	x \$_0_=	0
	EPENDENT CLA CFR 1.16(b))	AIMS	2 minus 3 =		• .	0	x _	0=	0	OR	x <u>0</u> =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					)		+_!	0 =	0	OR	+ _ 0 =	0
If the difference in column 1 is less then zero, enter "0" in column 2							TOTAL 403		403	OR	TOTAL	0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR	OTHER T			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUI PREVI	HEST MBER OUSLY O FOR	PRESENT EXTRA	R.A	<b>ATE</b>	ADDI- TIONAL FEE	OR	RATE ·	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	• 32	Minus	**	22	= 10	x \$_	9 =	90		x \$ <u>0</u> =	0
	Independent (37 CFR 1.16(b))	* 3	Minus	***	3	= 0	x _	0 =	0	OR OR	x <u>0</u> =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						]  +_	0 =	0	OR	+ 0 =	0
1,	(Column 1) (Column 2) (Column 3)							TOTAL 90 ADDIT: FEE		OR <sub>A</sub>	TOTAL DDIT. FEE	0
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	ATE	ADDI- TIONAL FEE	OR OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(e))	• <	Minus	**	•	=	x \$_	_ =	0		x \$=	0
	Independent (37 CFR 1.16(b))	· ) /	Minus	700		=		_=	0	OR	x=	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR I.				(37 CFR 1.16(d))	+_	_=	0	OR	+=	0	
(Column 1) (Column 2) (Column 3)								TOTAL 0 ADDIT. FEE		OR	TOTAL DDIT. FEE	0
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU: PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total (37 CFR 1.16(c))	•	Minus	**		=	x \$_	_=	0	OR	x \$=	0
	Independent (37 CFR 1.16(b))	•	Minus	***		=		_=	0	OR OR	x=	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						] [+_	=	0	OR	+=	. 0
• [	f the entry in colu	ma I is loss than th					7	OTAL	0	OR	TOTAL	0

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.